	STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 2				CASE NO.			
	INCOME INFORMATION								
9.	our occupation			39. Your employer (if unemployed, nam			ne of last employer)		
0.	Employer's address	City		State	Zip		41. Date hired		
2.	Gross earnings per pay period (earnings				43.	Social se	curity number		
4.	\$ weekly \( \subseteq \text{b}\) Hourly pay rate (including shift premium		onthly hours w	monthly orked per pay per	riod	46.	Average overtime ho	ours for past 12	
	and COLA)						months		
7.	Second job		48. I	Employer					
8.	Employer's address	City		State	Zip		50. Date hired		
		i-weekly	onthly	monthly	52. Hou	irly pay ra	te 53. Avg. of hour pay period sine		
54.	List MONTHLY income from all other so	urces, such as:		0 1 - 1 - 0 1 - 1					
	Commissions Bonuses			Social Security E V.A. Benefits	Benefits	-			
	Profit Sharing			Disability Insura	nce	-			
	Interest			G.I. Benefits	1100	-			
	Dividends			Nat'l. Guard & R	es. Drill P	av -			
	Annuities	Armed Services				, -			
	Pensions/Longevity			Allowance for Rent					
	Deferred Commencetion/IDA			Rental Income					
	Trust Funds			Spousal Suppor	t/Alimony				
	Unemployment Benefits			General Assista	nce	_			
	Strike Pay			AFDC		-			
	SUB Pay			Supplemental Security Income SSI					
	Sick Benefits		-	Other		-			
	Workers Compensation								
5.	Do you have any other alimony or child support orders?  If so, complete a. b. and c.  No Yes, as payer Yes, as recipient								
	If so, complete a. b. and c. No  a. Amount of order (do not include arrearages) b. Type						ty, County, and State		
	a. Amount of order (do not include a	rearages) b. Type	or orde	r/Case No.	C.	City, Co	ounty, and State		
6.	Do you provide the sole support for ste	$\square$ If yes, how many	stepc	hildren do you			oth natural/adoptive p	parents?	
	If yes, state the reason the stepchildren's father is unable to provide support:								
7.	Do any of the children listed on item 18 receive payments from the Social Security Administration?								
			**						
	Child's Amount Name (monthly		1 '	check one) pendent Benefit			urce of dependent be other, Father, Steppar		
						<u> </u>			
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ο.	Attach your 4 most recent paycheck date earnings, and a copy of your last also attach a copy of your 3 most recent paycheck.	st federal and state inco	me tax	returns, includin	g all sche				